



State of Connecticut

Office of Health Care Access

Letter of Intent/Waiver Form

Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Yale-New Haven Hospital	
Doing Business As	Yale New Haven Hospital	
Name of Parent Corporation	Yale-New Haven Health Services Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	20 York Street New Haven, CT 06504	
Applicant type (e.g., profit/non-profit)	Non-Profit	
Contact person, including title or position	Jean Ahn Director	
Contact person's street mailing address	Yale-New Haven Hospital 20 York Street New Haven, CT 06504	
Contact person's phone #, fax # and e-mail address	(203) 688-2609 (Phone) (203) 688-5013 (Fax) Jean.Ahn@ynhh.org	

SECTION II. GENERAL APPLICATION INFORMATION

Proposal/Project Title:

Replacement of Infusion Pumps

Type of Proposal, please check all that apply:

- ☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:
- | | | |
|--|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost greater than \$ 1,000,000

☒ Equipment Acquisition greater than \$ 400,000

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

a. Location of proposal (Town including street address):

20 York Street, New Haven, CT 06504

b. List all the municipalities this project is intended to serve:

Please see response to Question 3 in Project Description.

c. Estimated starting date for the project:

Upon OHCA approval.

- d. Type of project: 1, 4, 5, 7 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

Not applicable.

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: **\$1,718,500**
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$
Medical Equipment (Purchase)	\$1,718,500
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$1,718,500
Fair Market Value of Leased Equipment	
Total Capital Cost	\$1,718,500

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

Not applicable. Each pump is approximately \$3,000.00

- c. Type of financing or funding source (more than one can be checked):

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Applicant's Equity | <input type="checkbox"/> Lease Financing | <input type="checkbox"/> Conventional Loan |
| <input type="checkbox"/> Charitable Contributions | <input type="checkbox"/> CHEFA Financing | <input type="checkbox"/> Grant Funding |
| <input checked="" type="checkbox"/> Funded Depreciation | <input type="checkbox"/> Other (specify): _____ | |

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVITApplicant: **Yale-New Haven Hospital**Project Title: **Replacement of Infusion Pumps**

I, James Staten, Chief Financial Officer
(Name) (Position – CEO or CFO)

of Yale-New Haven Hospital being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that Yale-New Haven Hospital complies with (Facility Name) the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

James Staten
Signature

1/13/06
Date

Subscribed and sworn to before me on 1/13/06

Patricia C. Fiorentino
Notary Public/Commissioner of Superior Court

My commission expires: Patricia C. Fiorentino
NOTARY PUBLIC
MY COMMISSION EXPIRES DEC. 31, 2009

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

SECTION IV. PROJECT DESCRIPTION

- 1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.**

Yale-New Haven Hospital (YNHH) is the primary teaching hospital for the Yale School of Medicine and a major community hospital for residents of the greater New Haven area. The Hospital offers a full array of primary to quaternary patient services; many quaternary services have been designated as regional or national referral services.

A copy of YNHH's Department of Public Health (DPH) License is presented as Appendix I.

- 2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?**

Yale-New Haven Hospital is proposing to replace 489 infusion pumps in the hospital's ORs and ICUs, which pumps are reaching the end of their useful life. SMART pump infusion technology will be used to deliver intravenous medications to our inpatients. The proposed pumps are necessary replacements to continue provision of intravenous infusions in our critical care settings which require multi-channel functionality and to enhance the safety in delivering intravenous medications. The pumps are electronic delivery devices supporting use of specific logic consistent with the critical care practice and to integrate within our wireless platform and existing technology infrastructure. The logic, or SMART pump technology, is a proven patient safety strategy as well as a reliable drug delivery platform.

Additional DPH licensure is not required.

- 3. Who is the current population served and who is the target population to be served?**

The current population served and the target population to be served include the residents of Ansonia, Bethany, Branford, Cheshire, Clinton, Deep River, Derby, East Haven, Essex, Guilford, Hamden, Killingworth, Madison, Meriden, Milford, New Haven, North Branford, North Haven, Old Saybrook, Orange, Oxford, Seymour, Wallingford, Westbrook, West Haven and Woodbridge.

- 4. Identify any unmet need and how this project will fulfill that need.**

The current pumps are reaching the end of their useful life. The new pumps will allow Yale-New Haven Hospital to continue to provide the best care to our patients.

5. Are there any similar existing service providers in the proposed geographic area?

All hospitals in the proposed geographic area utilize infusion pumps.

6. What is the effect of this project on the health care delivery system in the State of Connecticut?

There will be no significant change to the health care delivery system in the State of Connecticut.

7. Who will be responsible for providing the service?

Yale-New Haven Hospital will be responsible for providing the service.

8. Who are the payers of this service?

The payers for this service include Medicare, Medicaid, Aetna, Blue Cross, Cigna, Connecticare, HMCPPPO, Oxford, PHS, United Healthcare, Workers Compensation, Yale Health Plan and others.

000010

ATTACHMENT I

Department of Public Health License

STATE OF CONNECTICUT

000011

Department of Public Health

LICENSE

License No. 0044

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Yale-New Haven Hospital, Inc. of New Haven, CT, d/b/a Yale-New Haven Hospital, Inc. is hereby licensed to maintain and operate a General Hospital.

Yale-New Haven Hospital, Inc. is located at 20 York Street, New Haven, CT 06504

The maximum number of beds shall not exceed at any time:

852 General Hospital beds

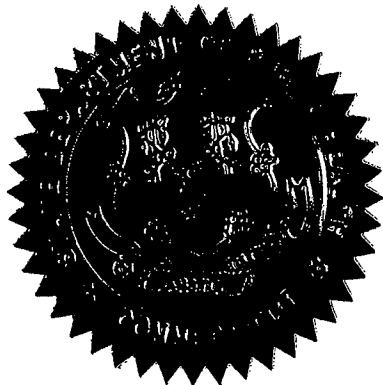
92 Bassinets

This license expires **September 30, 2007** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2005. RENEWAL.

Satellites

Hill Regional Career High School, 140 Legion Avenue, New Haven, CT
Branford High School Based Health Center, 185 East Main Street, Branford, CT
Walsh Middle School, 185 Damascus Road, Branford, CT
James Hillhouse High School Based Health Center, 480 Sherman Parkway, New Haven, CT
Sheriden Academy of Excellence School Based Health Center, 191 Fountain Street, New Haven, CT
Vincent E. Mauro Elementary School Based Health Center, 130 Orchard Street, New Haven, CT
Weller Building, 425 George Street, New Haven, CT
Yale-New Haven Psychiatric Hospital, 184 Liberty Street, New Haven, CT
Yale-New Haven Shoreline Medical Center, 111 Goose Lane, Guilford, CT
Pediatric Dentistry Center, 860 Howard Avenue, New Haven, CT



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

Yale-New Haven Hospital
IV Multi-Channel and PCA Pump Summary

Floor/Unit	Channels	Pricing	Assumptions and Unit Costs:
PICU/OR	81	\$ 260,830	Avg. # channels per bed = 3
CTICU/OR	90	\$ 289,811	
CCU	45	\$ 144,905	
MICU	48	\$ 154,566	Cost per Channel \$ 3,220
NICU	30	\$ 96,604	Cost per PCA \$ 3,435
TICU	27	\$ 86,943	Single Doser \$ 75
SICU	45	\$ 144,905	On-site Server & License cost each \$ 6,000
		\$ 1,178,564	IT Servers \$ 8,250
Sub- Total, Pumps	366		IT Racks & Equipment \$ 2,624
Pump Poles and Bars		\$ 48,550	
Syringe Module/Single Doser	125	\$ 9,375	
Software License		\$ 18,300	
Sub- Total, Other		\$ 76,225	
Total Smart IV Pumps		\$ 1,254,789	
PCA Device	125	\$ 429,389	
Pump Poles and Bars		\$ 20,200	
Software License		\$ 6,250	
Total PCA Pumps		\$ 455,839	
Additional Costs			
Servers and Racks		* \$ 7,872	
Addt'l Costs Total		\$ 7,872	
Total		\$ 1,718,500	

* IT costs
IV & PCA Pump summary_CON 1-3-06.xls

000012